



STATE OF TENNESSEE
TENNESSEE MOTOR VEHICLE COMMISSION
500 JAMES ROBERTSON PARKWAY - 2ND FLOOR
NASHVILLE, TENNESSEE 37243-1153
PHONE 615-741-2711
FAX NO. 615-741-0651

File No. _____
Xact No. _____
Action: _____
For Office Use Only

AUTOMOTIVE DISMANTLER AND RECYCLER LICENSE

☐ **ORIGINAL APPLICATION**

☐ **RELOCATION APPLICATION**
D & R License No. _____

Application is hereby made for automotive dismantler and recycler license to engage in the business of selling parts from salvaged motor vehicles in the state of Tennessee in compliance with the provisions of Tennessee Code Annotated 55-17, et seq. **Print in black ink or type** requested information.

1. Firm Name _____ (_____)
(Full name of entity to be licensed)(Use line below, if necessary) (Area Code & Phone No.)

(Fax No. w/Area Code)

2. (a) Location Address _____
(Street)

(City) (County) (Zip)

(b) Mailing Address (if different, the mailing address must be in the same county)

(P. O. Box or Street)

(City) (County) (Zip)

3. Physical description of facility must exceed minimum requirements as per attached instruction sheet.

Type of Building: _____ (ex. wood, brick, block, etc.); Gross Building Area: _____ (Square Feet); Land Size _____ (Square Feet or Acreage)

4. Is the dismantling and recycling of motor vehicles the principal business at the location named in this application? _____
(Yes or No)

5. Are you engaged in any other business which is conducted from this establishment? _____
(Yes or No)
If yes, describe: _____

6. Have any of the individuals, partners, or corporate officers named ever been convicted of a felony? _____
If yes, attach final judgment decree. (Yes or No)

7. Type of business (circle one); Proprietorship Partnership Corporation LLC LLP

(a) If proprietorship, give name, residential address and telephone number of owner: _____

(b) If partnership, give name and residential address of each partner and designate managing partner or partners:

(c) If corporation:

(1) Domestic (Tennessee) - provide copy of Charter and any amendments:

(2) Foreign (out-of-state) corporations - provide copy of a Certificate of Authority stating agent for service of process.

(3) List name, address, and title of officers, directors, and any/all persons or entities owning more than five percent (5%) of outstanding shares of stock issued by the corporation on the "Stockholders Information Update" form. Form supplied with this application packet.

8. Have you ever filed for bankruptcy? If so, when and under what name: _____

9. All facilities must be manned and open during reasonable business hours. State what days per week and hours per day this business will be open.

10. Has any application for a motor vehicle dealer or dismantler and recycler license ever been denied, revoked or suspended in this or any other state? _____ If yes, explain below what precipitated the decision and attach any/all relevant documents. (Yes or No)

11. Proof of liability insurance with a minimum coverage of \$60,000 and evidence of Worker's Compensation (if applicable) must be provided by a Certificate of Insurance. This insurance must remain in force for as long as the licensee is licensed. The Tennessee Motor Vehicle Commission, at the address on the cover page, must be shown as the certificate holder.

I hereby certify that the statements in, or attached to this application are true and correct to the best of my knowledge and belief; that the members of this organization are familiar with the provisions of the law under which this application is made, and that I, as proprietor, partner, or officer of the corporation, have authority to make the statements contained here.

Date: _____ Signed: _____
(Authorized Signature)

Title: _____
(Print or Type) (Print Authorized Signature)

OWNER'S EMAIL ADDRESS _____

STATE OF _____

COUNTY OF _____

Subscribed and sworn to before me this _____ day of _____, 20__.

(SEAL)

(Notary Public) My commission expires: _____

Mail application, attachments, and \$200.00 biennial fee to the TENNESSEE MOTOR VEHICLE COMMISSION, 500 JAMES ROBERTSON PARKWAY, SECOND FLOOR, NASHVILLE, TENNESSEE 37243-1153.

CHECK LIST OF ATTACHMENTS TO APPLICATION:

- | | |
|--|---|
| <input type="checkbox"/> Copy of Zoning Letter | <input type="checkbox"/> Copy of NPDES Permit |
| <input type="checkbox"/> Copy of Municipal Business Tax license, if applicable | <input type="checkbox"/> Copy of TDOT beautification letter |
| <input type="checkbox"/> Copy of Stockholders Update, if applicable | <input type="checkbox"/> Copy of corporate charter, if applicable |
| <input type="checkbox"/> Copy of State Sales Tax Certificate of Registration | <input type="checkbox"/> Copy (ies) of Financial Disclosure |
| <input type="checkbox"/> Copy of County Business Tax License, if applicable | <input type="checkbox"/> Copy of Conviction Record, if applicable |
| <input type="checkbox"/> Certificate of Liability | |